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Parcel No.

PARCEL. DO NOT RETURN THIS CARD IF THE ADDRESS IS CORRECT.

NEW MAILING ADDRESS

Mailing Address _____

City, State and Zip _____

Telephone Number () ()
 Daytime Evening

TO AVOID A POSSIBLE DELAY IN
PROCESSING THIS REQUEST,
MAKE CERTAIN **ALL** AREAS ARE
COMPLETED AND CARD IS SIGNED.

Print Name (must be owner of record)

Signature

AOS 058 Rev. (03-11)

Date _____

FIRST
CLASS
STAMP
HERE

DENNIS DRAEGER, ASSESSOR-RECORDER-COUNTY CLERK
COUNTY OF SAN BERNARDINO
ASSESSOR'S OFFICE
172 WEST THIRD STREET
SAN BERNARDINO, CA 92415-0310

